

better access better service

Strengthening the Land Use and Transit Connection to Improve Access to Health and Social Services

MTC initiated its Transit-Accessible Locations for Health and Social Services Project to identify strategies that can be used to improve decisions about where essential health and social services are located in relation to fixed-route transit. This summary presents some of the key results from the project. While study findings and recommendations focus on Alameda and Contra Costa counties, the lessons presented here apply to communities throughout the San Francisco Bay Area and beyond.

WHY IS THIS IMPORTANT?

- **Social equity.** Many people, and particularly low-income community members, are dependent on public transit services to access essential health care and social services for themselves, their children and families.
- **Environmental sustainability.** Requiring or encouraging facilities to locate near reliable transit service is one way that local governments can achieve more compact growth patterns. Doing so is critical to meeting regional greenhouse gas reduction targets required by Senate Bill 375.
- **Community revitalization.** A well-located facility can help achieve a city's vision by promoting inclusivity and serving as a redevelopment anchor. Investment in government service buildings can help stimulate private sector growth.

- **Transit ridership.** Locating health and social services facilities in transit-rich locations can help increase transit ridership and demand for public transit services. This helps generate needed revenue for transit agencies and, in turn, can improve transit service.
- **Financial health.** Maximizing transit access to health and social services makes good business sense. Improving access to services improves the ability to serve customers, ultimately increasing revenue. What is more, research suggests that the real estate costs associated with locating close to transit are just a fragment of the total operating costs of a facility.

WHO CAN MAKE A DIFFERENCE?

- **Health and social service providers.** Service providers take the lead in identifying and pursuing locations for new, expanded or relocated services. Providers also have the power to invest in or negotiate the provision of complementary transportation service, such as shuttles, to improve transit access for their clientele.



a case study

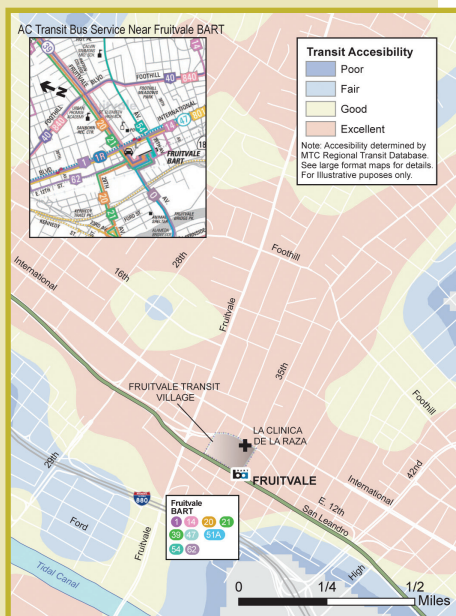
LA CLÍNICA AT FRUITVALE TRANSIT VILLAGE

La Clínica is a rapidly expanding community-based provider of health care. The organization focuses on neighborhood-oriented service delivery and serves both insured and uninsured clients.

Plans for a mixed-use complex at the Fruitvale BART Station sought a variety of tenants to help make the project feasible. In addition to the 42,000-square-foot health clinic, today's Fruitvale Transit Village includes retail, housing, child care, offices and a library.

Lessons Learned

- **Successful co-location takes time.** Negotiations between multiple regulatory and funding agencies, design and community relations, and fund raising extended the period from project conception to completion to 10 years
- **Compromise is required.** To develop the facility it needed in the location it desired, La Clínica had to compromise on both space and cost. However, the additional costs are minor compared to the benefits of outstanding transit access for the clients.



Above: La Clínica Fruitvale Transit Accessibility

► **Local planning departments, planning commissions and city councils.** From a regulatory and land use perspective, approving the location of a new or expanded health or social service facility is primarily a local decision. City and county staff, planning commissions, and city councils responsible for reviewing development proposals and designing, adopting and implementing long-term land use plans and related policies play a critical role in advancing this issue.

Other public agencies, such as **transit service providers, public health departments, redevelopment agencies, and regional planning organizations** all have an important role to play in educating decision-makers on the importance of improving transit access to health and social services, and ways to do so. Individual **community members** can make their voices heard and can organize to help shape and improve land use decisions that affect their access to services.

Also, public and private **organizations that fund health and social services** can influence the location of services relative to transit. Federal and state grantors and non-profit foundations are examples of the types of organizations who can target their programs and modify their guidelines and requirements to make a difference.

WHAT IS THE SOLUTION?

There are many opportunities to help make lasting improvements in transit access to essential services. Here are a few suggestions.



The Fruitvale Transit Village in Oakland is one example of successful co-located health care and social services in a highly transit-accessible location (see sidebar at left).

Planning Health and Social Service Facilities

► Focus on sites near transit hubs.

Sites near established rail stations are easy to access for riders and often serve as hubs for bus service as well, particularly in suburban communities, making them some of the most transit-accessible locations. While this level of transit access makes these sites desirable for any business or facility, they are especially valuable for organizations providing essential services to a highly transit-dependent clientele.

► **Co-locate services.** Partner with public and private organizations to locate complementary services in the same building or development. This approach, coupled with coordinated appointment scheduling and trip planning, can benefit individuals by reducing the number of trips needed and increasing access to services.

The **East Bay Asian Local Development Corporation (EBALDC)** develops mixed-use housing facilities, some of which include on-site health and social services for residents and neighbors. One of its projects

includes a ground-floor community health clinic, and another includes an open community resources center, a flexible-use space for the provision of services such as health screenings and job support services at different times of the month.

► **Spend the time and money to develop excellent facilities.** Selecting a transit-rich site and co-locating with other agencies takes time compared to leasing the least expensive building available. However, the benefits to clients and staff are great and the differential costs are generally not significant in relation to total operational costs. In one case study, a major community-based organization confirmed that real estate costs represented only 3 percent of the budget; this was confirmed by a county health department. Spending the money to locate a function where excellent transit exists will avoid the subsequent expense of providing a special shuttle service.

► **Focus on infill sites.** Many communities well served by transit are relatively built out, which means that pursuing infill and re-use opportunities is an important strategy. Establishing not-for-profit uses that serve the community may gain more community and political support than proposed uses that do not create obvious, direct or sustained value for surrounding communities.

While public and non-profit health and social service uses do not provide the tax increments often used to support redevelopment, they can increase demand for complementary services and support commercial activity. The joint health and social



Ed Roberts Campus, located at the Ashby BART station in Berkeley, is a multi-service center for non-profit organizations that focus on serving the disability community.

services **Wellness Center at the former Eastmont Mall in Oakland** is an excellent example.

► **Provide complementary transportation service.** Where sufficient transit is not available, alternatives such as shuttles and coordinated trip service can be effective in filling mobility gaps. For example, the transit demand management plan for the new **Kaiser Hospital in San Leandro** includes frequent shuttle connections to the San Leandro BART station. Participating in existing commuter benefit programs is also a great way for employers to encourage employee use of transit.

► **Explore alternative methods of service delivery.** Bringing services to customers helps achieve the ultimate goal of improving access overall. Recent trends in service delivery include neighborhood and school-based services. School-based services provide basic care to children in neighborhoods with little or no access to health care. Technological advances and the availability of infill sites for satellite

neighborhood offices make neighborhood and home-based service delivery more and more possible.

► **Survey customers.** Businesses and service providers can gather information about how customers access services, where they live and the origin of their trip, and the relative affordability and ease of their travel. This information can be used to inform decisions about the location of future facilities and to target coordination and investment in alternative or complementary modes of transit.

► **Engage the community.** Organizational credibility, transparency, and a willingness and desire to involve the surrounding community in the site selection and planning process are important to successfully locating in a given community. Creating early and meaningful opportunities for engagement can help build trust and allows for the negotiation and compromise needed to result in a successful project with community support.

existing locational policies

FEDERAL

- In 2009, Federal Executive Order 13514 established a requirement that federal agencies set a greenhouse gas emissions target. Consideration of access to public transit in planning new federal facilities is one of the implementation strategies identified.

STATE

- California legislation requires state, county and city government to locate new facilities in transit corridors unless a finding is made that it is not feasible to do so (Government Code 37352).
- In California, implementation of SB 375 will include facility location as one approach to reducing vehicular travel to help meet state and regional greenhouse gas reduction targets.

LOCAL

- Some cities have adopted policies regulating the location of health care and social service facilities. The City of Berkeley's General Plan that states "Whenever possible, locate public and private institutional uses and community service centers on transit corridors so they are accessible to public transit and will not disrupt adjacent residential areas" (LU-15).
- County General Service Agency policies sometimes set transit access as a condition in leasing new space for county agencies, especially for those serving a lower income, transit-dependent population.

Local Government Regulations and Policies

► **Involve all relevant agencies in the review of development proposals.**

Siloed decision-making has been cited as one major challenge to improving location decisions for health and social services. By including transit agencies, public health agencies, and/or social services departments in the proposal review and negotiation process, local governments can establish a more integrated and comprehensive approach to facilities and transportation planning, with improved access as the ultimate goal and outcome.

► **Encourage or require private investment in transit service and infrastructure where high levels of transit service are not available.**

Cities and counties can take a variety of approaches to encourage service providers to contribute to meeting the transit needs of their customers. For example, cities can strengthen project environmental review and mitigation by requiring shuttle connections that minimize the increases in traffic associated with a project. This, in turn, creates transit connections for all customers. Planning departments can also negotiate improvements to bus stops to improve overall physical access to existing transit services.

► **Consider establishing a transit impact fee.** This solution may be appropriate where it is determined that a proposed facility will have a significant impact on existing service, or where existing service will not be able to accommodate projected increases in ridership associated with the planned development. Such a fee, which would need to be imposed

on public and private facilities alike, could encourage selection of sites with higher levels of transit service.

► **Promote inclusion of health and social services facilities in redevelopment projects.** While some suggest that public and non-profit facilities are not ideal candidates for redevelopment projects because they do not contribute to the tax base, such facilities bring value to a project. Health and social services facilities can help stimulate economic activity, and may even make a proposed project more desirable to an otherwise skeptical community.

► **Strengthen criteria for selecting service providers.** Criteria used to screen and select organizations to serve the local community should include transit access considerations, in addition to other criteria presently used. Similarly, government requests for proposals (RFPs) in search of real estate for public health clinics and social service centers should prioritize access to frequent transit service.



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